



STATE OF WISCONSIN
Department of Employee Trust Funds
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SECRETARY

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Date: July 29, 2016
To: All Proposers
RE: **ADDENDUM No. 2**
Request for Proposal (RFP) ETG0003
Administrative Services for the State of Wisconsin Health Benefit Program

Please note the following updates to the referenced RFP above:

1. **ADD** the following paragraph to Section 1.11 Letter of Intent of the RFP directly following the only paragraph.

Submission of the letter of intent is a mandatory requirement to submit a Proposal. A Proposal submitted without the Department's receipt of a letter of intent from the Proposer, by the due date listed in Table 4 of Section 1.9, will be rejected.

In addition, the Department will not approve release of the Segal data referenced in Section 8 without receipt of a Proposer's letter of intent and FORM F – ETG0003 Non-Disclosure Agreement (NDA).

2. **ADD** the following bullet to Section 2.4 to the right of TAB 1 directly following "Provide the following in the following order:"
 - ADDENDUM No. 2 Acknowledgement: Remove the back page (Page 2) from Addendum No. 2, complete, and sign.
3. **GENERAL INFORMATION** about the RFP.

A Microsoft Word version of Appendix 11 – Health Care Performance Metrics has been posted to the following web sites:

- VendorNet
(<https://vendornet.wi.gov/Bid.aspx?Id=c0ce988b-5050-e611-80f5-0050568c7f0f>)
- ETF's Extranet
(<https://etfonline.wi.gov/etf/internet/RFP/HealthBeneAdminRFP1/index.html>)

This Addendum is available on ETF's Extranet at
<https://etfonline.wi.gov/etf/internet/RFP/HealthBeneAdminRFP1/index.html>.

ADDENDUM No. 2
Request for Proposal (RFP) ETG0003
Administrative Services for the State of Wisconsin Health Benefit Program
Wisconsin Department of Employee Trust Funds

Proposer must acknowledge receipt of the Addendum referenced above by providing the required information below. This form must be signed by an official that is authorized to legally bind the Proposer.

Proposer's Company Name

Authorized Printed Name

Authorized Signature

Date